

# Justice Court, Henderson Township

CLARK COUNTY, NEVADA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

CASE NO. \_\_\_\_\_

DEPT NO. \_\_\_\_\_

Plaintiff,

---VS---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## AFFIDAVIT OF COMPLAINT

### SMALL CLAIMS

Defendant,

STATE OF NEVADA       )  
COUNTY OF CLARK     )

, being duly sworn, states: that the Defendant owes the Plaintiff the

sum of \$ \_\_\_\_\_ plus court costs for \_\_\_\_\_

that demand for payment has been made; the Defendant refuses to pay; that the Defendant either resides, works or does business in the Henderson Township, County of Clark, State of Nevada.

**Pursuant to NRS 53.045, I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Affiant's Signature

Plaintiff's Phone Number: \_\_\_\_\_

Defendant's Phone Number: \_\_\_\_\_

## SUMMONS & ORDER TO APPEAR

**NOTICE: YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR CASE BEING HEARD UNLESS YOU APPEAR ON THE FOLLOWING DATE.**

**YOU ARE HEREBY ORDERED TO APPEAR FOR TRIAL ON THE PLAINTIFF'S CLAIM AT:  
HENDERSON JUSTICE COURT - 243 WATER STREET - HENDERSON, NEVADA 89015 - (702) 455-7980**

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the hour of 8:00 a.m. in Dept. # \_\_\_\_\_  
for the purpose of mandatory mediation prior to a hearing where you may present any defense you may have. Please be advised that all parties who appear on the scheduled court date must be authorized to potentially enter into binding agreements throughout the mediation process. You are further notified that in the event you do not appear on time, judgment will be given against you in the amount claimed due by the Plaintiff, which may result in the garnishment of wages and the seizure of property. **IT IS MANDATORY TO BRING WITH YOU ALL WITNESSES, AN ORIGINAL AND 2 COPIES OF ANY EVIDENCE, RECEIPTS OR BOOKS NECESSARY TO PROVE YOUR CASE. INDIVIDUAL PIECES OF EVIDENCE SHOULD BE ORGANIZED AND CLEARLY MARKED FOR REFERENCE FOR THE COURT.**

**PLEASE CONTACT COURT TO CONFIRM COURT DATE.**

APPROPRIATE COURTROOM ATTIRE REQUIRED. NO SHORTS, HALTER OR TANK TOPS  
SHOES ARE REQUIRED. (NO FOOD OR DRINK PERMITTED) NO SMOKING IN THE COURTHOUSE  
CHILDREN MUST REMAIN QUIET

COURT COSTS	\$ _____
CONSTABLE/PS FEES	\$ _____
TOTAL	\$ _____



## AFFIDAVIT OF SERVICE

STATE OF NEVADA )

:ss

COUNTY OF CLARK )

\_\_\_\_\_ states that at all times herein affiant was and is a citizen of the United States, over 18 years of age, not a party to or interested in the proceeding in which this affidavit is made. That affiant received \_\_\_\_\_ copy(ies) of the Affidavit of Complaint Small Claims on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and served the same on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by:

**(Affiant must complete the appropriate paragraph)**

1. Delivering and leaving a copy with the Defendant \_\_\_\_\_ at (address) \_\_\_\_\_.
2. Serving the Defendant \_\_\_\_\_ by personally delivering and leaving a copy with \_\_\_\_\_ a person of suitable age and discretion residing at the Defendant's usual place of abode located at (address): \_\_\_\_\_

**(Use paragraph 3 for service upon agent, completing A or B)**

3. Serving the Defendant \_\_\_\_\_ by personally delivering and leaving at: (address) \_\_\_\_\_
  - a. With \_\_\_\_\_ as \_\_\_\_\_, an agent lawfully designated by statute to accept service of process;
  - b. With \_\_\_\_\_, pursuant to NRS 14.020 as a person of suitable age and discretion at the above address, which address is the address of the resident agent as shown on the current certificate of designation filed with the Secretary of State.
4. **You must obtain an Order from the Judge prior to service by mail of an Affidavit of Complaint.** Personally depositing a copy in a mail box of the United States Post Office, enclosed in a sealed envelope postage prepaid (check appropriate method): \_\_\_\_\_ Ordinary mail \_\_\_\_\_ Certified mail, return receipt requested \_\_\_\_\_ Registered mail, return receipt requested addressed to the Defendant \_\_\_\_\_ at Defendant's last known address which is (address): \_\_\_\_\_  
(For valid service by mail, a copy of the Certificate of Mailing or Return Receipt must be attached hereto.)

**Pursuant to NRS 53.045, I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Service

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Person Making Service

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## NOTATIONS